

Tuesday, September 13, 2011

Members of the Illinois Human Service Commission:

Thank you for the opportunity to participate in this hearing and discuss the cumulative impact of the reduction in human service funding with respect to the provision of substance abuse prevention, intervention and treatment services. I appreciate both your interest on the status of human services for residents of Illinois as well as your willingness to hear directly from individuals working in the field on the impact of the cuts on the clients that we serve. My name is Michael Moran and I am the Executive Director of Breaking Free, a community-based agency here in Aurora since 1977 providing school and community-based substance abuse prevention, intervention and treatment services and child abuse prevention and treatment services to children, adolescents and adults residing in Kane, DuPage, Kendall, Will and Grundy counties. I will limit my comments to reductions in substance abuse prevention, intervention and treatment services, as we have experienced our most significant reductions in those areas. I will also comment on the impact these cuts have had with respect to reaching non-English speaking individuals and families, especially with the high percentage of Spanish-speaking individuals in Aurora and surrounding communities.

We have seen our funding for comprehensive alcohol, tobacco and other drug prevention services decline from a total of \$752,794 in FY2008 to an expected amount of \$619,455 in the current fiscal year. We now have 82% of the funding that was available to us in FY 2008. As you know, the State of Illinois has issued contracts for the first four months of FY 2012, so we are estimating this year's funding amount based on our initial four month contract. With discretionary funders also reducing their support in that time frame, any reduction in funding from the State results in a reduction of employees that correlates with a reduction in services. Our FY 2008 funding allowed us to employ 12.5 FTE's to provide school and community-based prevention services, a number that has now been reduced to 9.0 FTEs. With reduced staffing and increased refinement of program delivery, we can no longer serve the same number of schools. While the average age of first use of substances has been declining in recent years, research has demonstrated that in order to be successful, prevention efforts must reach children in elementary and middle school years while decisions are being made about the use of mood-altering substances. Research has also demonstrated that earlier use of mood-altering substances dramatically increases the likelihood that a person will develop a substance use disorder in his or her lifetime. Alcohol is the number one drug of choice for Illinois youth, with both alcohol and marijuana usage rates being higher than the national average.

The impact of prevention is well documented. Conservative estimates about the cost-benefit ratio of prevention funding estimate that effective school-based programs can save an average of \$18 per \$1 spent. The benefits can be measured in other ways, especially the impact on the young persons, their families and their community. Prevention of substance-use disorders correlates with a host of improvements – school performance, school completion, engaging in pro-social as opposed to anti-social behaviors, avoidance of risky behavior, avoidance of involvement in the criminal justice system – the societal benefits of effective prevention efforts are clear and significant. Failure to adequately fund prevention results in increased costs to our community in the future. A side note, adequate funding

implies that funding formulas allow individuals working in the field to be paid a competitive salary that allows them to continue to do their life-changing work while supporting themselves and their families. We cannot rely on funding formulas that bring new professionals in to the field and force them to leave the field in a few years because they cannot support themselves or their families.

The impact of the funding cuts on the substance abuse intervention and treatment field is nearly identical and a more significant than the prevention funding cuts. In FY 2008 we received funding in the amount of \$490,826 for the delivery of substance intervention and treatment services, reduced to \$350,442 in FY 2012. We now have 71.3% of the funding we had in FY 2008, while demand for our services has increased. Similar to our experience in the delivery of prevention services, any reduction in State funding coupled with decreases from our discretionary funders, results in the decrease in staff and a decrease in services delivery. We have reduced the number of clinicians by 4.5 FTE's since the start of FY 2008, and eliminated both on-site and off-site services as a result. We were unable to maintain a separate office in Naperville, and had to end our partnership with the DuPage County Probation Department to assign a counselor one day per week to meet with juvenile probationers and their families at the main office. Fewer counselors result in increased delays in appointment times, with fewer clients receiving services when they are making efforts to get help for themselves.

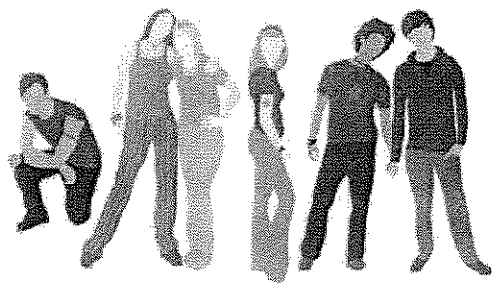
Finally, any reduction in service is problematic, but it is especially problematic for individuals who are challenged by barriers to help, such as transportation or language barriers. Fewer employees means we have fewer bilingual/bicultural staff available to respond to community demand. Individuals facing challenges to accessing services are hurt even more so when there are fewer agencies or individuals available to them in their time of need.

Illinois has been rated poorly in national comparisons of how well we meet the needs of all of our residents. In these times of increasing economic challenges, it is important that we not meet the demands of our budget by sacrificing the services that are needed by our brothers and sisters, by our relatives, our friends and neighbors. A failure to provide for these essential services affects all of us. As a member of the Illinois Alcohol and Drug Dependence Association and a member of the Illinois Partners for Human Services, I encourage your efforts to strengthen our current human service delivery system. Thank you for your time, your attention, and your support.

Sincerely,

Michael Moran, MA, CAADC  
Executive Director, Breaking Free

# Addiction Prevention: Outcomes Support a Healthy Future



## Prevention Carries the Message

Communities across Illinois are developing prevention strategies and innovative approaches to educate youth, their parents, businesses, and local officials about the dangers of drugs and alcohol. The key to successful prevention strategies is flexibility. **One size does not fit all. A local needs assessment drives the most successful community outcomes.**

Underage drinking, binge drinking, use of tobacco products, use of illegal drugs, and other negative life choices can result in traffic crashes, violent crimes, soaring medical costs, and other repercussions. According to 2011 data provided by the Illinois Department of Human Services, more than 1100 evidence based prevention programs in Illinois provide the “front line” of defense in fighting these consequences. The impacts of these programs reach far and wide:

- More than 140,400 people have been served by population based strategies.
- More than 90,000 youth have been served by individual strategies.
- 88% somewhat or strongly disapprove of someone their age smoking.
- 83% somewhat or strongly disapprove of someone using marijuana.
- 86% somewhat or strongly disapprove of someone their age drinking 1 or 2 drinks a day.

## A Snapshot of Illinois Youth

Every two years, the Illinois Youth Survey provides current data on substance usage rates of youth in grades 6, 8, 10, and 12. “Gateway” drug findings from the most recent survey were:

- Alcohol is the number one drug for Illinois youth, with usage rates higher than the national average.
- Marijuana use is higher than the national average.
- Cigarette use is similar to the national average.
- Students using drugs or alcohol are up to five times more likely to drop out of school.
- Nearly 10,000 Illinois residents die annually from accidental injuries, and 40% of those are related to use of alcohol!

## The Impact of Reducing Addiction Prevention Funding

- Effective school-based programs can save an average of \$18 per \$1 spent. This equates to a net savings of \$3,757 per youth served. State and local governments would save \$1.3 billion within 2 years. (SAMHSA, 2002)
- Environmental prevention strategies such as driving curfews for youth, 21 legal drinking age, alcohol server training and enforcement of serving intoxicated patrons laws save taxpayers anywhere from \$2.60 to \$84 per dollar spent on the strategy. (SAMHSA, 2002)
- Savings from youth development through integrated family or community and school programs range up to \$35 per dollar spent on proven effective programs. (SAMHSA, 2002)
- *The cost savings from helping just one high-risk youth graduate from high-school, avoid heavy drug use and not engage in crime would range between \$1.7 and \$2.3 million dollars. (Cohen, M., 1998)*

**ILLINOIS CANNOT AFFORD TO REDUCE ADDICTION PREVENTION FUNDING!**



Illinois Alcoholism and Drug Dependence Association  
[www.iadda.org](http://www.iadda.org)



# Addiction Treatment is Effective, Changes Lives and Saves Dollars

## Addiction Treatment is Effective

Research substantiates positive treatment outcomes that encourage stable families and communities, save taxpayer dollars, and save lives. A 2005 study of more than 800 Illinois adults and a 2009 study of more than 700 adolescent clients in Illinois found that 12 months post treatment:

- adults reported a 58% decrease and adolescents reported a 42% decrease in drug and alcohol use,
- adults reported a 56% decrease in the number of days experiencing emotional or behavioral problems,
- adolescents reported a 36% decrease in the number of days experiencing emotional or behavioral problems,
- adults reported a 58% decrease in the number of days homeless,
- adults reported a 61% decrease in violent and illegal behavior,
- adolescents reported a 46% decrease in violent and illegal behavior, and
- adults reported a 69% INCREASE in vocational engagement. (*Chestnut Health Systems, 2005 and 2009*)

## Addiction Treatment Decreases Crime

- A 2006 study of individuals completing Illinois' Sheridan Reentry Prison program, which couples in-prison treatment with post-release community treatment, were **21% less likely to be re-arrested for a new crime** and **44% less likely to return to prison** than those in the comparison group. (*Olson et al, 2006*)
- A seminal, congressionally mandated treatment effectiveness study found that, comparing 1 year prior treatment to 1 year post treatment, the percentage of clients engaged in **drug selling decreased 78%**, **shoplifting decreased 81%**, and **criminal arrests decreased 65%**. (*SAMHSA, 1997*)
- For every 1,000 people who receive supervised treatment in the community as an alternative to prison, the state saves an estimated \$20 million. **On average, a year of supervised community-based drug treatment costs less than \$5,000. A year of prison costs approximately \$25,000.** (*TASC, 2007; IDOC, 2009*)

## Addiction Treatment Saves Dollars

Treatment supports significant cost savings in other systems. Appropriate treatment results in:

- Fewer emergency room visits and hospital stays,
- Fewer absences from school or employment,
- Reduced impacts in the criminal justice system,
- More intact families; and, fewer children in foster care.

Illinois annually spends nearly \$3 billion, **12% of the state budget**, dealing with consequences of untreated addiction while **less than one-tenth of 1%** of all state spending is dedicated to addiction healthcare services. Every \$1 cut from addiction treatment will cost Illinois \$7 in corrections, child welfare, public health, healthcare and family services, education, and other areas. (*RWJF, 2005*)

Funding a comprehensive addiction treatment system saves lives AND saves dollars!



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